

RECREATION DEPARTMENT
375 Merrimack St Room 7
Lowell, MA 01852

REGISTRATION/PERMISSION FORM

PLEASE USE PEN & PRINT CLEARLY

Program Registering For: _____ (Location Required) 1 Form for each Participant & Program.

PARTICIPANT'S NAME: _____
(First) (Middle) (Last)

Address: _____ City: _____ Zip Code: _____

Home Number: _____ Work Number: _____ Cell Phone Number: _____

Sex: M _____ F _____ Date of Birth: _____ Age: _____

Medical Information:

THE FOLLOWING INFORMATION MUST BE DIFFERENT THAN STATED ABOVE

Emergency Contact: _____
(Name) (Relationship)

(Address) (Telephone)

Family Doctor: _____ Medical Insurance Co.: _____

Telephone: _____ Policy #: _____

Please Answer all of the Following Questions

1. Are there any activities that would be harmful to the participant's physical or emotional health? Yes: _____ No: _____
If yes, explain: _____

2. Does the participant take any kind of medication? Yes: _____ No: _____
If yes,
explain: _____

3. Is the participant allergic to any medications or foods? Yes: _____ No: _____
If yes, explain: _____

4. Does the participant have any medical problems our staff should be aware of? Yes: _____ No: _____
If yes, explain: _____

I hereby give the person mentioned above permission to participate in the programs conducted by the City of Lowell Recreation Department. The Lowell Recreation Department **IS NOT RESPONSIBLE** for any injury or accident that may occur either during the course of this program or due to falsification of any information on this form. Participants are encourage to speak with their doctor prior to enrolling in a program that includes activity to ensure they are able to safely participate.

I hereby give permission for emergency medical treatment to be administered to the person mentioned above by qualified medical personnel.

Parent/Guardian Signature: _____ Date: _____
(REQUIRED FOR PARTICIPATION)